

Lowell, MA 01852

## REGISTRATION/PERMISSION FORM

**PLEASE USE PEN & PRINT CLEARLY**

Swim Lessons 1 Form per Participant

PARTICIPANT'S NAME: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Sex:    M\_\_\_\_\_ F\_\_\_\_\_      Date of Birth:\_\_\_\_\_      Age:\_\_\_\_\_

**Medical Information:**

**\*THE FOLLOWING INFORMATION MUST BE DIFFERENT THAN STATED ABOVE\***

Emergency Contact: \_\_\_\_\_  
(Name) (Relationship)

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(Address)
(Telephone)

Family Doctor: \_\_\_\_\_ Medical Insurance Co.: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please Answer all of the Following Questions**

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes, explain \_\_\_\_\_

2. Does the participant take any kind of medication? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes,  
explain:

3. Is the participant allergic to any medications or foods? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

4. Does the participant have any medical problems our staff should be aware of? Yes:\_\_\_\_\_ No:\_\_\_\_\_

If yes, explain: \_\_\_\_\_

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(REQUIRED FOR PARTICIPATION)

**PLEASE BE ADVISED:**

-FOR BEST RESULTS IT IS RECOMMENDED THAT THE PARTICIPANT ATTEND ALL SESSIONS THAT THEY ARE SCHEDULED FOR.

- The participant will be tested the first day that they come to sign up. Please make sure that they will be able to get in the water for this test.
- They will be placed in a skill level that best suits their ability.
- The skill levels times will be based on pool availability.
- ALL Lessons are Saturdays and Sundays at the same time.
- We will schedule siblings for the same times when possible. However, since your children may vary in skill level we cannot guarantee this.
- No Changes will be made to the schedule once it is done. If you wish to remove your child from lessons please inform your instructor.
- Lesson Times can be changed at the end of a session for the following session.

**LESSON OPTIONS:**

At the time of testing you will be able to sign up for the available lesson times that reflect your child's skill level. Once a time is signed up for, no changes can be made until the next session. Times are filled in first come first served. Pre-Registration testing is done on Saturday October 18. All other participants will be tested after preregistered times are done. The wait list will be given swim times for session 2 as the session comes closer.

**PLEASE BE AWARE THAT YOU ARE NOT GUARANTEED TO GET YOUR FIRST CHOICE OF TIMES. NUMBERS WILL DICTATE WHAT WE ARE ABLE TO OFFER.**

All Participants must be 100% Potty/Toilet trained to participate in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(REQUIRED FOR PARTICIPATION)